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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *15 sue HCP*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Ts HCP*

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	DRAWING	CLAIMS	CLAIMS	
Verified and Acknowledged	<i>Hark Lin Pham</i> <i>HCP</i> Examiner's Signature Initials	5	20	5	

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## TITLE

Beam scanning apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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